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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754122

1. Corporation Name

MIDWAY GARDENS APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 52-1195
 MIAMI FL 33152

P O BOX 52-1195
 MIAMI FL 33152



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/11/1980
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2646694
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent

CASO, CARLOS R ESO
1300 CORAL WAY
STE 301
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MCGEE, GIGI	1.2 NAME	
STREET ADDRESS	8293 NW 7 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	TORRES, RODOLFO	2.2 NAME	SUSANA Cabello
STREET ADDRESS	8287 NW 7TH ST.	2.3 STREET ADDRESS	8219 NW 7ST
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	SD	3.1 TITLE	SD
NAME	MILLER, AISHA	3.2 NAME	AISHA ELZEY
STREET ADDRESS	8208 NW 8 ST	3.3 STREET ADDRESS	8208 NW 8 ST
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE		4.1 TITLE	D
NAME		4.2 NAME	ADA HERNANDEZ
STREET ADDRESS		4.3 STREET ADDRESS	8263 NW 7ST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI FL 33126
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (1/98)